

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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11	1					
12		1				
13						
14	1					
15		1				
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19	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	0	8				
TOTAL CLAIMS	11					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		—	—		
2			—	—		
3			—	—		
4			—	—		
5			—	—		
6	1		—	—		
7			—	—		
8			—	—		
9			—	—		
10			—	—		
11	1		—	—		
12			—	—		
13			—	—		
14	1		—	—		
15			—	—		
16			—	—		
17			—	—		
18			—	—		
19	1		—	—		
20			—	—		
21			—	—		
22			—	—		
23			—	—		
24			—	—		
25			—	—		
26			—	—		
27			—	—		
28			—	—		
29			—	—		
30			—	—		
31			—	—		
32			—	—		
33			—	—		
34			—	—		
35			—	—		
36			—	—		
37			—	—		
38			—	—		
39			—	—		
40			—	—		
41			—	—		
42			—	—		
43			—	—		
44			—	—		
45			—	—		
46			—	—		
47			—	—		
48			—	—		
49			—	—		
50			—	—		
TOTAL IND.	5		3			
TOTAL DEP.	16	→	8	→	—	→
TOTAL CLAIMS	21	11	8	—	—	—

*	*	*	*
IND.	DEP.	IND.	DEP.
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TOTAL IND.		→	
TOTAL DEP.		→	
TOTAL CLAIMS		→	